



History of the Saint Martin de Porres Hospital, Mobile, Alabama

SISTER MARIA, R.S.M.,

Administrator

"HOW I would love to have a mission among the Negroes!" said Mother Veronica, Provincial of the Sisters of Mercy, to Bishop Toolen as she accidentally met him in the train on her way to Mobile. It was the month of January 1942 and Mother Veronica was accompanying one of her Sister nurses to Mobile to teach a first aid course in this area.

"I have just the place for you," answered the Bishop. "We have a small maternity hospital in Mobile and it is in need of the guiding hand of the Sisters." From this chance remark evolved the planning and completion of the present Blessed Martin de Porres Hospital.

The first little hospital, situated at 623 S. Wilkinson St. had been opened the previous year for the care of Negro maternity patients. It was originally staffed by a white physician but was later

transferred to the care of the Negro physicians. It consisted of one ward, closely crowded with five beds, a delivery room, nursery, office, and kitchen. At that time there were only four beds available in Mobile for Negro maternity patients.

In 1942 two Sisters of Mercy were assigned to this hospital. Shortly afterwards because of inadequate facilities and the demand placed upon the tiny institution, another ward was added bringing the total bed capacity to nine.

Just as the history of an institution is usually filled with accounts of the sacrifices of the early pioneers, so is that of this Hospital. Despite the numerous handicaps, lack of modern conveniences and equipment, the effort to give good nursing care to these patients yielded remarkable results. Over 2500 babies were born and there were three maternal deaths. A clinic was held weekly at which



SAINT MARTIN DE PORRES HOSPITAL, MOBILE, ALABAMA



The original hospital in use for care of maternity patients from 1941-1949.

prenatal care was given to the mothers until time of delivery. All complicated cases and those requiring surgery were transferred to City Hospital because of the lack of necessary facilities.

A survey made by the State Department of Health at this time revealed that only 34 per cent of the beds needed for the care of Negroes were available. Realizing the great need of more adequate hospital facilities and wishing to give greater opportunities to the Negro physicians to practice medicine with the aid of modern hospital facilities, Bishop Toolen made every effort to interest others in the welfare of the Negro. As a consequence, he was able to elicit the interest of Monsignor Fulton J. Sheen, national radio orator, Mrs. Clare Booth Luce, and many others. Monsignor Sheen has frequently referred to this hospital in his Catholic Hour broadcast. Rev. Vincent Warren, S.S.J., widely known for his interest in the wel-



Bishop C. Bowers, Bishop of Ghana, (left) and Archbishop T. J. Toolen, Bishop of Mobile-Birmingham, standing before the statue of St. Martin de Poores.

fare of the Negro, was appointed Diocesan Director of Hospitals.

Plans were made for a modern, completely equipped, general hospital. A city park, known as Choctaw Park located at Virginia St. and Washington Ave., was purchased from the city for \$25,000.00 as the site of the new institution. In April 1947 ground was broken for this new project. At this ceremony Monsignor Fulton J. Sheen was the principal speaker. "This hospital is really a national institution, not just one for the city of Mobile," said Msgr. Sheen after disclosing that contributions sent to him for this hospital had been received from every state in the Union. Application was made for Federal funds as provided



One of the earliest groups of Sisters staffing hospital, 1952. (Seated): Sister M. Veronica, Mother Provincial of the Sisters at the semi of the building and instrumental in staffing it. (Standing, l. to r.): Sister Maria, R.S.M., nurse-anesthetist and presently Administrator; Sister M. Joesphus; Sister M. Angela; Sister M. Melanie; Sister M. Lawrence; and Sister M. Eusebuis.

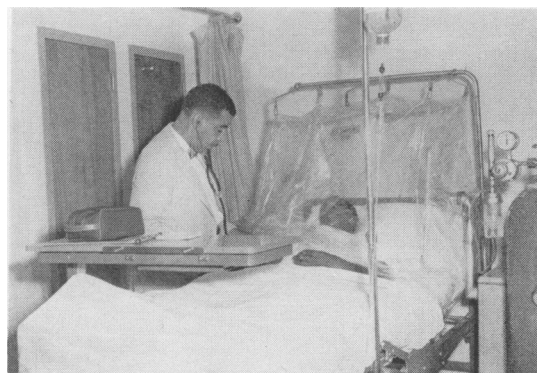


Sister Mary Celeste, R.S.M., the first Administrator, with a group of enthusiastic, well-trained nurses' aides.

under the Hill-Burton Law. In 1949 this application was approved and one-third of the cost was assured by the Government. On Feb. 2, 1949, construction was started on the new hospital and finally in April of 1950 it was opened for patients. On May 14th of the same year the dedication ceremony was held on the hospital grounds. Msgr. Sheen, whose continued interest and generosity had made the new Blessed Martin de Porres Hospital a reality, was again the principal speaker.

This interest led him on to work unceasingly and exert every effort to bring to realization the present hospital. It is a modern, fire resistant structure complete with all diagnostic, therapeutic facilities and includes an out-patient department. The service units have been built for a 100 bed hospital so that additional bed capacity may be added in the near future to provide clinical facilities in order to meet the requirements of a training school for nurses. At present the bed capacity is limited to 35; there being two private rooms, eight semiprivate, and three wards of four beds each.

The total cost of this building was \$616,000.00. Practically \$225,000.00 was given by Bishop Toolen, Msgr. Sheen, and friends; \$195,000.00 was provided by the Federal Government; \$11,000.00 was donated by the Negroes of Mobile. Numerous Negro civic organizations have contributed generously. They have furnished the pediatric ward, solarium, waiting room, and provided other necessary and useful items of equipment. Another gift, an outdoor statue of Blessed Martin de Porres, has recently been erected in front of the hospital.



Dr. Charles Gibson, one of the first physicians to practice at the hospital. (Dr. Gibson died in 1956.)

The hospital has been named for Martin de Porres, a saintly Negro, who was a dominican lay brother in South America and was known as the Wonder Worker of Peru. Reviewing the struggles and trials of this institution, one is keenly aware that the Wonder Worker is still performing miracles in our midst. Surely he will not fail to inspire others to help in the great work and provide the \$199,000.00 which is still an outstanding obligation of this hospital.

The Blessed Martin de Porres Hospital is a Catholic hospital of which 85 per cent of the patients are non-Catholic. It is owned and operated by the Sisters of Mercy, a body of religious women who have dedicated their lives to God through the service of humanity. At present these Sisters own and operate 96 other hospitals in the United States and South America. This hospital has a staff of eight Sisters, five of whom are graduate nurses, two are medical technologists, and one is also an anesthetist. In addition there are five Negro graduate nurses, 12 practical nurses and aides, and one Negro x-ray technician.

The medical staff of the hospital is bi-racial, one of the few of its kind in the South. As the bed capacity is only 35 its privileges must necessarily be limited to a restricted number of physicians at this time. The active staff is composed of the Negro physicians of Mobile; the consulting staff of other physicians who are qualified specialists. For the first time in Mobile the Negro physicians have an opportunity to treat their patients with the aid of the diagnostic and therapeutic facilities of the modern hospital, and of working with those who have specialized in the various fields of medicine.

The Board of Trustees; namely, the Sisters of Mercy, determine the policies of the institution. To carry out the objectives of the hospital in matters of a professional nature they have the advice of a Board of Governors composed of Sisters and four physicians, two of the active staff, and two of the consulting staff.

In addition, the Sisters have the benefit of the counsel of an Advisory Board and Auxiliary whose members represent the various religious, social and economic groups of Negro citizens of this

area. These serve to keep the public informed of the aims, objectives, and services of the hospital, and in return give the hospital the benefit of their advice and experience in the problems that confront it today.

The scientific care of the sick in our hospitals has changed through the years; the fundamental motivation—that of love—remains the same. May this hospital continue through the years to spread far and wide the full spirit of Christian love—the love for all men.

ENZYME DEFECT CAUSE OF HOMOCYSTINURIA

Public Health Service scientists at the National Institutes of Health have found that an enzyme defect causes homocystinuria, a newly-discovered, hereditary, and as yet apparently rare childhood disease marked by mental retardation and dislocation of the eye lenses. They have demonstrated that the absence or lack of activity of a specific enzyme, cystathionine synthetase, is the basic defect in this disease. Without this catalytic agent the body is unable to convert a naturally occurring amino acid, methionine, to another important amino acid, cysteine. Implicit in the new discovery is the possibility of preventive or curative treatment for this serious disorder, and the NIH scientists are seeking additional patients in order to test this possibility.

Homocystinuria was first described as an "inborn error of metabolism" less than two years ago by physicians in England and in Wisconsin. These investigators had observed elevated levels of homocysteine (an intermediate product in the conversion of methionine to cysteine) in the blood and urine of homocystinuria patients. At the same time they noted increased levels of methionine in the blood. Although their observations suggested that cystathionine synthetase might be implicated in the development of the disease, the scientists tended to reject this theory. Recently, Dr. S. Harvey Mudd of the National Institute of Mental Health and Drs. James D. Finkelstein, Filadelfo Irreverre, and Leonard Laster of the National Institute of Arthritis and Metabolic Diseases, succeeded in demonstrating the enzyme defect.

Sensitive methods were developed to measure the activity of the suspect enzyme and of another enzyme which also plays a role in methionine conversion. These measurements were applied to liver specimens obtained from five normal control subjects, including two young girls, and an eight-year-old female homocystinuric patient. Both enzymes were found to be active in the livers of all the normal subjects tested. In marked contrast, however, there was no detectable cystathionine synthetase activity in the liver of the homocystinuric patient. This confirmed the deficiency or absence of this enzyme.

Because this enzyme is missing, a child born with homocystinuria may suffer from a cysteine deficiency just after birth, a time in life when the body's need for this amino acid is particularly high. The need for cysteine may be partly satisfied in a normal infant by the conversion of dietary methionine to cysteine, but the enzyme deficiency of the homocystinuric infant may well deny him the benefits of this metabolic pathway and result in cysteine deficiency. Such a deficiency may be accentuated if the infant is fed cow's milk which, in contrast to human milk, is relatively poor in cysteine. This led to the suggestion that early supplementation of the diet with cysteine may prevent irreversible damage.

Furthermore, cystathionine, another intermediate compound in the conversion of methionine to cysteine, is reportedly present in large quantities in the normal human brain, where it possibly serves some useful function in addition to giving rise to cysteine. In the afflicted child cystathionine is not produced. If this substance does serve some useful function in the brain, then dietary cystathionine supplementation might also be helpful in homocystinuria.

Whether the abnormal accumulation of methionine, homocysteine, or one of their breakdown products contributes to the clinical disturbance is not yet known. If this should prove to be the case, then dietary restriction of methionine might also be helpful in treatment.